

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOGS *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. SF 078953	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☒ DIFF. RESVR. ☐ Other ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Skelly Oil Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 1860 Lincoln Street, Denver, Colorado 80203		8. FARM OR LEASE NAME J. W. Goddard	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2100' FSL and 1980' FWL of Section 11-26N-12W At top prod. interval reported below At total depth Same		9. WELL NO. 3	
14. PERMIT NO.		13. STATE New Mexico	
15. DATE SPUDDED		12. COUNTY OR PARISH San Juan	
16. DATE T.D. REACHED		13. STATE New Mexico	
17. DATE COMPL. (Ready to prod.) 10/9/68		19. ELEV. CASINGHEAD	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6059' GR		25. WAS DIRECTIONAL SURVEY MADE	
20. TOTAL DEPTH, MD & TVD PBTD 1254'		25. WAS DIRECTIONAL SURVEY MADE	
21. PLUG, BACK T.D., MD & TVD		25. WAS DIRECTIONAL SURVEY MADE	
22. IF MULTIPLE COMPL., HOW MANY*		25. WAS DIRECTIONAL SURVEY MADE	
23. INTERVALS DRILLED BY		25. WAS DIRECTIONAL SURVEY MADE	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1182'-1202' Fruitland Sand		25. WAS DIRECTIONAL SURVEY MADE	
26. TYPE ELECTRIC AND OTHER LOGS RUN		25. WAS DIRECTIONAL SURVEY MADE	
28. CASING RECORD (Report all strings set in well)		25. WAS DIRECTIONAL SURVEY MADE	
29. LINER RECORD		25. WAS DIRECTIONAL SURVEY MADE	
30. TUBING RECORD		25. WAS DIRECTIONAL SURVEY MADE	
31. PERFORATION RECORD (Interval, size and number) 1182'-1202' 80 Shots		25. WAS DIRECTIONAL SURVEY MADE	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		25. WAS DIRECTIONAL SURVEY MADE	
33.* PRODUCTION		25. WAS DIRECTIONAL SURVEY MADE	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold		25. WAS DIRECTIONAL SURVEY MADE	
35. LIST OF ATTACHMENTS None		25. WAS DIRECTIONAL SURVEY MADE	

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Leland Gray TITLE District Production Manager DATE October 11, 1968

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

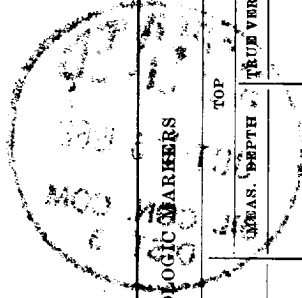
Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)



37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		38.	GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	NAME	TOP MEAS. DEPTH TRUE VERT. DEPTH